## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000095954

Entity Name: MICHAEL R. BENEDETTI, D.M.D., P.A.

FILED Jan 05, 2011 Secretary of State

| Current Principal Place of Business:                                 |                                  | New Principal Place of            | Business:                            |
|--|----------------------------------|-----------------------------------|--------------------------------------|
| 400 E OSCEOLA STREET<br>SUITE 3<br>STUART, FL 34994                  |                                  |                                   |                                      |
| Current Mailing Address:   |                                  | New Mailing Address:              |                                      |
| 400 E OSCEOLA STREET<br>SUITE 3<br>STUART, FL 34994                  |                                  |                                   |                                      |
| FEI Number: 31-1803366   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Ad            |                                  |                                   | New Registered Agent:                |
| BENEDETTI, MICHAEL R<br>5310 SW ORCHID BAY DI<br>PALM CITY, FL 34990 | RIVE<br>US                       |                                   |                                      |
| The above named entity su in the State of Florida.                   | ubmits this statement for the pu | urpose of changing its registered | office or registered agent, or both, |
| SIGNATURE:   |                                  |                                   |                                      |
| Electronic   | Signature of Registered Age      | nt                                | Date                                 |
| OFFICERS AND DIRECT  | ORS:                             |                                   |                                      |

Title:

Name: BENEDETTI, MICHAEL R Address: 5310 SW ORCHID BAY DRIVE City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL R. BENEDETTI D 01/05/2011